EXHIBIT 3

he Steamship	(ON SSA PROPI	EKIA)
PASSEN	GER/PATAON	VESSEL EMPLOYEES
Menan	Process of the same of the sam	(JONES Act)
VESSEL	PARKING LOT TE	ERMINAL AREA OTHER (Explain Bal
NAME:		
MAILING ADDRESS:		
CITY:	STATE: STATE: ZIF	
Date of Birtis		
Nearest relative/relations	chiny material Status:	SSA Occupation:
Name	ship: (To be filled out by Passengers/Patrons on	
	Address:	
DATE OF INJURY: _7/	114/2011	
	1 (13-011	TIME: 1250 AM PM
VESSEL: MAY JUSTINAS	LOCATION:	
Other	Terminal:	Parking Lot: Bus #
Other:		Bus F
Whit blew wen	red:	on low hand (knickers)
Witness, If any: Like Tex	A Boundary To 2	GUZQI Pro The The
Witness, If any: L'XXIVET Describe injuries, if any:	Reported to: 702	Guzaj Date: 7/14/201
Witness, II any: Little: Describe injuries, II any: Shrosion (5-5)	wolfen Knickes of In	GUZQ' Date: 7/14/201
Witness, If any: L'XITE: Describe injuries, if any: Standard of 5 the was ambulance called? ALC.	Heported to: TOE Weller King Chies of Same It on in 5/66 of Same It yes, was injured party transported to hospital?	Cozaj Date: 7/14/201 Cox 9-Middle Gryo-1 Co Kno Chic 5 of 1666 he
Witness, If any: L'XITE: Describe injuries, if any: Standard of 5 the was ambulance called? ALC.	Heported to: TOE Weller King Chies of Same It on in 5/66 of Same It yes, was injured party transported to hospital?	Cozaj Date: 7/14/201 Cox 9-Middle Gryo-1 Co Kno Chic 5 of 1666 he
Witness, If any: L'XITE: Describe injuries, if any: Standard of 5 the was ambulance called? ALC.	Heported to: TOE Weller King Chies of Same It on in 5/66 of Same It yes, was injured party transported to hospital?	Cozaj Date: 7/14/201 Cox 9-Middle Gryo-1 Co Kno Chic 5 of 1666 he
Witness, If any: L'XITER Describe injuries, if any: Ghrosion 15 5 6 Was ambulance called? ALD Did injured party make a statement Fergusian That (4 ha) CREW MEMBER/EMPLOY	Heported to: JOE Weller Kac Ckles of To In On In Side of Some IYES, was injured party transported to hospital? It as to cause of accident, If YES, what statement to have of the Classed anto	GUZQ' Date: 7/14/201
Witness, If any: L'XITER Describe injuries, if any: Ghrosion 15 5 6 Was ambulance called? ALD Did injured party make a statement Fergusian That (4 ha) CREW MEMBER/EMPLOY	Heported to: JOE Weller Kac Ckles of To In On In Side of Some IYES, was injured party transported to hospital? It as to cause of accident, If YES, what statement to have of the Classed anto	Cozaj Date: 7/14/201 Cox 9-Middle Gryo-1 Co Kno Chic 5 of 1666 he
Witness, If any: L'XITER Describe injuries, if any: Ghrosion 15 5 6 Was ambulance called? ALD Did injured party make a statement Fergusian That (4 ha) CREW MEMBER/EMPLOY	Heported to: TOP. HANGE AND CHARGE OF SOME HYES, was injured party transported to hospital? HE as to cause of accident, If YES, what statement to have a door charge on to	Cozaj Date: 7/14/201 Cox 9-Middle Gryo-1 Co Kno Chic 5 of 1666 he
Witness, If any: L'XITER Describe injuries, if any: Ghrosion 15 5 6 Was ambulance called? AD Did injured party make a statement Fergusian That (4 ha) CREW MEMBER/EMPLOYI Did the employee return to w	Heported to: JOE Weller Kac Ckles of To In On In Side of Some IYES, was injured party transported to hospital? It as to cause of accident, If YES, what statement to have of the Classed anto	Cozaj Date: 7/14/201 Cox 9-Middle Gryo-1 Co Kno Chic 5 of 1666 he
Witness, If any: L'Actes Describe injuries, if any: Ghrosion 15 5 6 Was ambulance called? AD. Did injured party make a statement Fergusian That (a had CREW MEMBER/EMPLOYI Did the employee return to was additional remarks:	Heported to: Joe Weller Kouckes of To In on in side of Som If yes, was injured party transported to hospital? If as to cause of accident, If yes, what statement to will done closed onto EE; Vork?, If yes When	Cozal Date: 7/14/201 Cox 9-Middle Cinyor: Cox 100 Chic 5 of 1654 ho
Witness, If any: Living: Describe injuries, if any: Shrosion 15 5 5 Was ambulance called? AD. Did injured party make a statement Ferg. 100 That (a had CREW MEMBER/EMPLOY! Did the employee return to we Additional remarks:	Heported to: Joe Weller Kouckes of To In on in side of Semi It yes, was injured party transported to hospital? It as to cause of accident, If yes, what statement to will done closed onto EE; Vork?, If yes When	Coral Date: 7/14/201 Date: 7/14/2
Witness, If any: Living: Describe injuries, if any: Ghrosion (f 5 th Was ambulance called? AD) Did injured party make a statement Ferg. For There (a not) CREW MEMBER/EMPLOY! Did the employee return to we Additional remarks:	Heported to: Joe Weller Kouckes of To In on in side of Semi It yes, was injured party transported to hospital? It as to cause of accident, If yes, what statement to will done closed onto EE; Vork?, If yes When	Coral Date: 7/14/201 Date: 7/14/2
Witness, If any: Living: Describe injuries, if any: Ghrosion (f 5 th Was ambulance called? AD) Did injured party make a statement Ferg. For There (a not) CREW MEMBER/EMPLOY! Did the employee return to we Additional remarks:	Heported to: TOE IN SING OF SOME HYES, was injured party transported to hospital? If as to cause of accident, If YES, what statement to have of the Chescal Onto EE; Vork?, If YES When	Date: 7/14/201 Co 201 Date: 7/14/201 Co 201 Co 201
Witness, If any: Living: Describe injuries, if any: Qhrosion 15 5 6 Was ambulance called? AD. Did injured party make a statement Fergusian That (a hard) CREW MEMBER/EMPLOY! Did the employee return to was a dillional remarks: Injured Seaman must sign her injured seaman mu	Reported to: TOE SUPPLIES KALEKOS OF TO IN SINCE OF SOUN IN YES, was injured party transported to hospital? In as to cause of accident, If YES, what statement I BASH OFFICE OFFICE FOR TO THE SERVICE OF TO IN YES When In the signed by Maeter of Vessel, otherwise A Position: Position:	Date: 7/14/201 Co 20/ Date: 7/14/201 Date: 7/14/201 Date: 7/14/1/

The Stoams	hip
Authorite	4

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



KW			(4.1)	OOM CHOPERITY		
	X	PASSENGE	FVPATRON		VESSEL EMPLOYEES	
	L X	VESSEL	PARKING LOT	TERMINAL	(JONES Act) AREA OTHER (Explain B	Below
1	NAME:	-3	and the second	P. Colon		
-	MAILING AD	DAESS:	Convertible (Tr.	
ŀ	CITY: Date of Birth;	Service State of the least of t	MARKET A PLANTS	ZIP	* THONE . C	Des 71
-			- Indilial 2	tatus: SSA	Occupation:	
1	Name;	7-0-1	p: (To be filed out by Passen	gers/Patrons only) Address: (59	me)	
F	DATE OF INJ				TIME: 2020 AM/P	()
V	/ESSEL: M/V _	Island F	DINITY IV	OCATION:	Parking Lot:Bus #	
D	escribe how i	njury occurre	d: m.n.			
	door . Co	sa level	VHend STED	ight hand co	r passinger let go	
0	door ca.	vsins it	to suddenly		r prisinger let go	40
De	itness, il any: escribe injurie	s. if any	Reporte	d to:	Date:	-
-		Fig.	st middle + ri	ns finger tip.	s cot + bruised.	
Was	s ambulance call	3d7 NO HY	ES, was injured party transport	ed to hospital? ill	YES, hospital name & address;	
Did	Injured party ma	ka a statement e	s to cause of accident, If YES	what statement and to wh	nom?	_
				n deer caus	ins A to slam on he	ำทอ
	the employee		k? . IIYES -	When		
N	1 1 1 1	grents	resent and wil	I take him to	Vineyard Hospital	
	ed Seaman n	nust sign here	F		Date:	7
if inju	iry was on vess	el - report le to l	on algred by Master of Vessi	el, otherwise Agent, Mans	ger or Supervisor.	=
Sign	מוטום: - לייציולון	B-MAILER	BEANDOIN)	Position: Pilot	Date: 7/15/2011	
		ilit 9 8 804	ROUTING: White - H	iman Resources Office		

REVISED 8-2005

JUL 20 2011 40 MSC ROUTING: White - Human Resources Office Capary - Injured Party Pink - Preparer

	tic Steamship	
_	Authority	

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REPORT OF PERSONAL INJURY



(ALMOI MY		(ON SSA)	PROPERTY)	
\boxtimes	PASSENGER/F	ATRON		VESSEL EMPLOYEES (JONES Act)
	VESSEL	PARKING LOT	TERMINAL AREA	OTHER (Explain Bel
NAME:	Committee China			
MAILING ADD		Calmination		
CITY:		STATE:	ZIP: 4 PHO	NE: T
Date of Birth:	/	/ Marital Status.		
Nearest relativ	e/relationship: (1	To be filled out by Passengers/Pa	trons only) idress:	
DATE OF INJU	IRY: (e)	114/12	TIME:	1800 AM (EM)
VESSEL: M/V	Scand Hon	LOCAT LOCAT Terminal		
	<u>efinjury</u>) TE	raported to:	PURSER TO	THE LIET DECK
AS WEL	LL			BACK, SWELLIN
		was injured party transported to h	·	pital name & address:
,		cause of accident HTES what	1	- CHRIS ROSSINS
CREW MEMBER Old the employee	return to work?	II Yi S - Whe	n //	MANE
dditional remark	C			JUN 1 STONE
repared by SSA		L OSITIO		Date: 6/14/12
	el-report is to be:	signed by Mester of Vessel, oth	ierwise Agent, Manager or	Supervisor.

ROUTING While & Ye ow - To Personnel Department Personnel will send Ye low I. In unance Company
Pint In used G d - Prepare

	Case 1.17-67-10432-D3C Document 03-3 Thea 12/17/10 Fage 3 of 11
7	REPORT OF PERSONAL INJURY (ON SSA PROPERTY)
	PASSENGER/RATRON VESSEL EMPLOYEES (JONES AGI)
	VESSEL PARKING LOT TERMINAL AREA OTHER (Explain Below)
	NAME:
	MAILING ADDRESS:
	CITY: STAIR. ZIP: PHONE #
	Date of Birth: 1 2006 Marital Status: 5 SSA Occupation:
	Nearest relative/relationship: (To be filled out by Passengers/Patrons only) Name:
	Name: 1 Address: Some
I N	DATE OF INJURY: 6/23/12 TIME: 20/5 AM/PM
UR	VESSEL: MV Nen to ke Trip # LOCATION: Other: Parking Lot: Bus #
Y	Describe how injury occurred:
Į.	4. 1. 1.
N F	you reached ho grab it - in freight doch
OR	Witness, if any: Driget Grant Reported to: Promone Date: 6/20/12
M A	Describe injuries, it any: swillen - applied the pack
T	Was ambulance called? If YES, was injured party transported to hospital?
	If YES, hospital name & address:
0	/ CV
0 N	Old Injured party make a statement as to pause of accident, If YES, what statement and to whom? A BALL
- 1	Old Injured party make a statement as to pause of accident, If YES, what statement and to whom?

M. MUINES PURCE

Signature:

Injured Seaman must sign here:

ROUTING: White - Human Resources Office Canary - Injured Party Pink - Preparer

If injury was on vensel, report is to by signed by Master of Vensel, otherwise Agent, Manager or Supervisor.

ENTERED

Date:

JUN 2 5 2012

MAIL

7	REFUNI OF PEHDUNAL INJURY (ON SSA PROPERTY)
	PASSENGER/PATRON VESSEL EMPLOYEES (JONES Act)
	VESSEL PARKING LOT TERMINAL AREA OTHER (Explain Below)
	MAILING ADDRESS
	A STATE OF THE STA
	Date of Birth: STATE ZiP. PHONE # SSA Occupation: D/A
	Nearest relative/relationship: (To be filled out by Passengers/Patrons only) Name: Address:
<i>V</i>	DATE OF INJURY: 12 23 12 TIME: 8:30 AMUPM
r L	VESSEL: MN Nambucket Trip# Terminal: Parking Lot: Bus#
R	Other: Parking Lot: Bus #
Y	Describe how injury occurred:
1 N	Cid- her Soughter went to the Battween and
F	
OR	Witness, if any: Fred Harris Reported to: Parser Date: 12/73/12
M	
A T	Was ambulance called? 10 11 YES, was introduced to Pright the control
0 N	Was ambulance called? If YES, was injured party transported to hospital? If YES, hospital name & address: Did injured party make a statement as to cause of accident, If YES, what statement and to whom?
N	CREW MEMBER/EMPLOYEE: Did the employee return to work?, If YES - When
	Additional remarks:
1	GIRL WAS ABOUT 10 TO 12 YES, OLD DATE
ļ	Injured Seaman must sign here:
E. Waring to	
N'S RI	FOUTING White - Human Resources Office Canary - Injured Party SSA 805

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(ON SS	PERSONAL INJURY A PROPERTY)	30 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
GER/PATRON		VESSEL EMPLOYEES
PARKING LOT	TERMINAL AREA	(JONES Act) OTHER (Explain Below)
THE RESERVE OF THE PERSON NAMED IN	The Armony deal condensation (Contractor)	
STATE: Marital State	ZII	
Ship: (To be lifted and by Consumption	- SSA UCCU	pation:
	100	The same of the sa
T_17,2013	TIME:	13.45 AM/PM
OMETOP / Termin	al; Parking l	Lot: Bus #
dor open fire DE NUCKTE	returned from	m bason (put) Caucht + Slam
brused + si	21/11/	536%: 14/e) - shift
ITYES, was injured party transported to	14 - Index	Shall name & nothers
onl as to cause of archient II YES wh	nat staisment and to whom?	D Continues to
	nen	
OCH !// -	(by reque	st of passage
Murray Posit	ion: DUNCE	Date: 10/17/13
	STATE: STATE: Marital State Ship: (To be lifed out by Passengera DMCTip is Termin Tred: V. H. CAO - ADA & Pen for it Marital State Termin Tred: V. H. CAO - ADA & Pen for it Marital State In a pen for it Marita	PARKING LOT TERMINAL AREA STATE: Zin PHO STATE: Zin PHO Marital Status: SSA Occu Ship: (To be filled out by Passengera/Patrons only) Address LOGATION, Terminal: Parking in the Control from the Control fr

ROUTING: White & Yellow - To Personnel Department

6

Date: 10/17/20/2

The Steamship Authority	REPORT OF PERSONAL II (ON SSA PROPERTY)	NJURY
PASSENGE	ER/PATRON	VESSEL EMPLOYEES (JONES ACT)
VESSEL	PARKING LOT TERMINA	
NAME:		
MAILING ADDRESS	STATE. ZIP:	PHONE L
Date of Birth:	3 12006 Marital Status: 5 SS	A Occupation:
Nearest relative/relationsh	hip: (To be filled out by Passengers/Potrons only) Address:	
	19051 29,2014	TIME: 1545 AM PM
VESSEL: M/V X/ANTUC	Trip # DEP Terminal:	Parking Lot: Bus #/
	ed: YOUNG BOY CANGET	turyon IN Hong
Witness, if any:	Donardadan de de de	GZ(Date:
Describe injuries, if any:	CONTROL XIGHT MAND	Marc Zinger
Was ambulance called? A.C 11	VER	II YES, hospital name & address.
Old injured party make a statement	as to cause of accident, If YES, what statement and to	whom?
The second secon	The state of the s	
CREW MEMBER/EMPLOYE Did the employee return to w	E: ork?, IfYES - When	
CREW MEMBER/EMPLOYE	E: ork?, IfYES - When	

ROUTING: White - Human Resources Office Carary - Injured Party Pink - Preparer

Position:

SEF 1 2014

Date:

SSA 805

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Signature:

The	Stoanship
Au	thority.

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



PASSENGER/PATRON	
VESSEL EN (JONES	IPLOYEES
VESSEL PAGKING LOT	ER (Explain Selon
NAME:	
MAILING ADDRESS: 1	
CITY: STATE: ZIP: PHONE #	100000000000000000000000000000000000000
Date of Birth: Marital Status: SA Occupation:	e-design delica-
Nearest relative/relationship: (To be filled out by Passengers/Patrone only) Name: Address:	
DATE OF INJURY: 4-7-15 TIME: 12:15	_ AM VPM_
MESSES LOCATION:	
Other: Parking Lot: E	Bus #
CAUGHT LEFT THUMB IN RESTROOM	Dook
Witness, if any: Reported to: Date:	
Mack + Relie	2 AND
Vas ambulance called?	P\$6;
hid injured party make a statement as to cause of accident, if YES, what statement and to whom?	
CALIBATE IN DOOR	
Did the employee return to work?, If YES - When	
dditional remarks:	
jured Seaman must sign here: Date:	
injury was on vessel - record is to be signed by Majiler of Vessel, otherwise Agent, Managar or Supervisor.	
Ignature: Position: Date: 2	1 7 1
Position:	

REVISED 8-2005

ROUTING: While - Human Resources Office Canery - Injured Party Pink - Preparer

To Stownsh	92
Luthority	

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REPORT OF PERSONAL INJURY (ON SSA PROPERTY)

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DASCENCED MINE	
PASSENGER/PATRON	VESSEL EMPLOYEES
VESSEL PARKING LOT TERMINAL AREA	OTHER (Explain Below
NAME:	
MAILING ADDRESS:	
CITY: STATE ZIP: PHI	DAIC / THE LEVE /DEEDG
Date of Birth: SSA Occ	upation:
Nearest relative/relationship: (To be filled out by Passengers/Petrons only) Name:	
DATE OF INJURY: 5/10/15 TIME:	1231 AM/600
VESSEL: MV MV Trip # Terminal: Parking	Lol: Bus#
Describe how injury occurred: Lunch lanker door-Si langhi by wind - If hand index & Witness, if any: 12018 Reported to:	inger (augh)
Describe injuries, if any:	Date:
M Singer nait) - Severa que Caus	41 (leng 12
. If YES, was injured party transported to hospital?	spital namo & addross:
ki injured party make a statement as to cause of accident, If YES, what statement and to whom? OFS - 10 PUISTE J. NEOFE 249 PILOV J. REW MEMBER/EMPLOYEE:	Sepannia
id the employee return to work? . If YES - When	
dditional remarks:	
ured Seaman must sign here:	Date:
malure: Lower 19. J. anous Position: Ples T	Supervisor. Date: 5/11/15

ROUTING: White - Human Resources Office Carary - Injured Party Pink - Preparer

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The	Steamship
	thority

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



PASSENGER/PATRON	
	VESSEL EMPLOYEES (JONES ACI)
VESSEL PARKING LOT	TERMINAL AREA OTHER (Explain Below
NAME:	
MAILING ADDRESS:	
CITY: STATE ZIP	PHONE #
Julius,	SSA Uccunstian.
Nearest relative/relationship: (To be filled out by Passongers/Patrons Name:	
N DATE OF INJURY: 55-21 12 2015	TIME:
U VESSEL: MIVIS LELLER HOLETIP # Terminal:	AM / PM
Describe how injury occurred Diwinter quit Ri N F O Wilness, if any: None Reported to:	
Describe injuries, if any M A Describe injuries, if any A A Describe injuries, if any	Fris. no Dale: Joly 12 201
Was ambulance called? If YES, was Injured party transported to hospital?	If YES, hospital name & andress
O Did injured party make a statement as to cause of accident it yes what statem N Front 3. Loor cought Down the CREW MEMBER/EMPLOYEE:	none of to whom?
Did the employee setup to work	stingers n. Door
Additional remarks	
Prepared by SSA personner: 5' [Zo boins Position: +	
If injury was on vessel - report is to be signed by Master of Vessel, otherwise	e Agent, Manager or Supervisor.
Signature Position (
Personal White & Vallow To Personal Personal White & Vallow To Personal Will some Vallow I Insurance Wi	Department Des Company

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